

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re application of:
BUSH *et al.*
Appl. No. 09/972,913
Filed: October 10, 2001
For: **Use of Clioquinol for the Therapy
of Alzheimer's Disease**

Confirmation No. 5681
Art Unit: 1615
Examiner: To be assigned
Atty. Docket: 0609.4540003/JAG/FRC

Petition For Extension of Time Under 37 C.F.R. § 1.136(a)(1)

Commissioner for Patents
Washington, D.C. 20231

COPY

Sir:

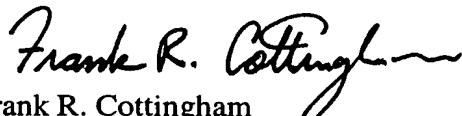
It is hereby requested that the period for replying to the outstanding Decision Refusing Status Under 37 C.F.R. § 1.47(a) be extended five (5) months from April 11, 2002 to September 11, 2002 by the filing of this Petition and fee payment.

The petition fee (37 C.F.R. § 1.17(a)) is believed to be \$980.00 for a five (5) month extension for a small entity. Fee payment is provided in our accompanying Check No. 36617. However, if extensions of time under 37 C.F.R. § 1.136 other than those provided herewith are required to prevent abandonment of the present patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.


Frank R. Cottingham
Attorney for Applicants
Registration No. 50,437

Date: 9/11/02

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002 COPY

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$980.00)

| Complete If Known | |
|----------------------|----------------------|
| Application Number | 09/972,913 |
| Filing Date | October 10, 2001 |
| First Named Inventor | Ashley I. Bush |
| Examiner Name | To be assigned |
| Group Art Unit | 1615 |
| Attorney Docket No. | 0609.4540003/JAG/FRC |

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number
19-0036

Deposit Account Name
Sterne, Kessler, Goldstein & Fox P.L.L.C.

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

Applicant claims small entity status
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other*

*Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|-----------------|----------|
| 101 | 740 | 201 | 370 |
| 106 | 330 | 206 | 165 |
| 107 | 510 | 207 | 255 |
| 108 | 740 | 208 | 370 |
| 114 | 160 | 214 | 80 |
| Utility filing fee | | | |
| Design filing fee | | | |
| Plant filing fee | | | |
| Reissue filing fee | | | |
| Provisional filing fee | | | |

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Extra Fee from below

Fee Paid

Total Claims _____ - 20** = _____ X _____ = _____

Indep. Claims _____ - 3** = _____ X _____ = _____

Multiple Dependent _____ = _____

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description |
|---|----------------------------|-----------------|
| 103 | 18 | 203 |
| 102 | 84 | 202 |
| 104 | 280 | 204 |
| 108 | 84 | 209 |
| 110 | 18 | 210 |
| Claims in excess of 20 | | |
| Independent claims in excess of 3 | | |
| Multiple dependent claim | | |
| **Reissue independent claims over original patent | | |
| **Reissue claims in excess of 20 and over original patent | | |

SUBTOTAL (2) (\$)

** or number previously paid, if greater. For Reissues, see above.

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Frank R. Cottingham | Registration No. (Attorney/Agent) | 50,437 | Telephone | 202-371-2600 |
| Signature |  | | | Date | 9/11/02 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. SKGP_DCI:54570.1